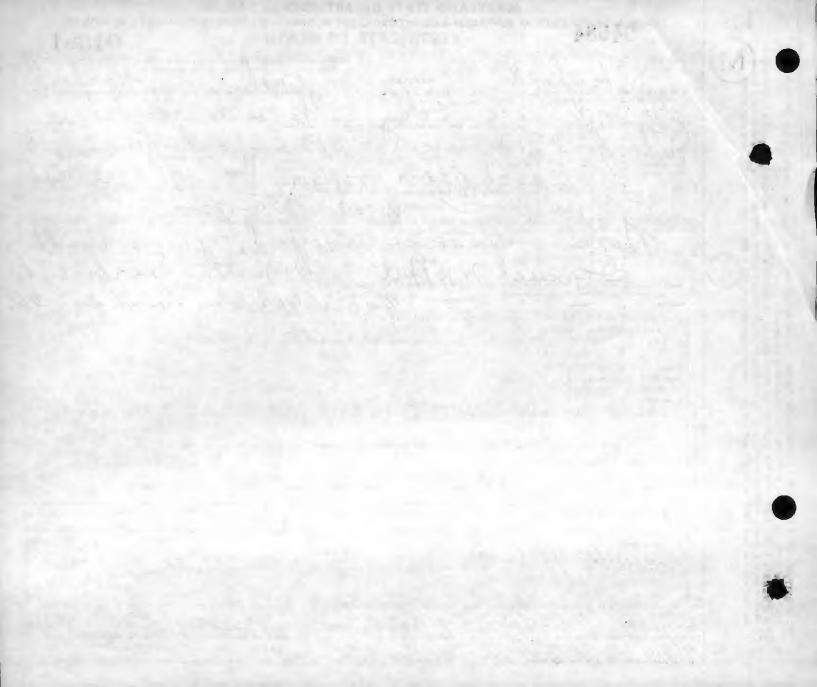
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE I, MARYLAND
1	04304 CERTIFICATE OF DEATH 04581
4)	1. PLACE OF DEATH 2. USUAL RESIDENCE (Whose deceased lived, If Institution, Residence before admission) 5. COUNTY 5. COUNTY
/	tankered MARYLAND De tarker
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give negress town) c. LENGTH OF STAY IN 1b c. CITY OR TOWN (if outside corporate limits, write RURAL and give negress town)
A	Vaure de Strace 3 day Jave de Strace
	o. IS RESIDENCE ON A FARM
	3. NAME OF First Middle Last 14. DATE Month Dey Year
	DECEASED // COP IP
	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH 9. AGE (In years IF UNDER 1 YEAR IF UNDER 24 HRS.
	WIDOWED DIVORCED TEB 8 1890 Tays Months Days Hours Min.
	10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 11, BIRTHELACE (County & State, of foreign country) 12. CITIZEN OF WHAT COUNTRY
	done during most of working life, even if refired Harrise Wife Harrise Mile Harrise Mile
1	13. FATHER'S NAME
	Jamuel Mc Hutt 18 Jartha Derborough
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unkown) (Hyesgive were released service)
	18. CRUSE OF DEATH Enter only one cause per line for (e), (b), end (c).]
	PART I, DEATH WAS CAUSED BY: Actions Cold H. 4 7.
	1 Sease Systems
	Conditions, if any, which (b)
	gave rise to immediate cause (a), stating the underlying DUE TO
	cause last. (c)
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED? YES NO
	YES NO 1
	206. ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Pert I or Pert II of item 18.) OR CONTRIBUTING CAUSE OF DEATH URLE THER. NOTIFY MEDICAL EXAMINER!
	20c. TIME OF INJURY Month, Dey, Yeer 20d. INJURY OCCURRED 20e, PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (Stele) Hour a.m. While Not While et work at work at work
	21. I certify that (I) (this hospitel) ettended the deceased from 1953, to APRIL 2, 1962, that (I) (we) las
	saw the deceased alive on
	226. SIGNATURE // ATTENDING MED. STAFF 22b. DATE
	122e. PHYSICIAN'S DIRECTOR PHYS. 14-3-62
	NAME (Type)
	238. BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (51010)
	BURIAL APR. 51962 DARLINGTON COM. HARPORD CO. MO.
	24 FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDRES
	1. Madrien Mitchell Havrede Space Md. DATE APR 6 '62 Julian & Trans

TO HOSPITAL OR ALT DING PHYSICIAM. The law requires that the death certificate be executed within 24 hours.

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before edmission) e. COUNTY b. COUNTY Harford MARYLAND b. CITY OR TOWN (if outside corporete limits, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) write RURAL and give neerest town) Rel Air years Bel Air d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? South Main Street South Main Street YES NO 3. NAME OF Middle DATE DECEASED OF 62 April (Type or print) Elizabeth Reid Archer DEATH 19 19. AGE (In years | IF UNDER 1 YEAR | IF UNDER 24 HRS 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 1 8. DATE OF BIRTH Slast birthdey) October 21. 1874 10e. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY | 11. BIRTHPLACE (County & State, or foreign country) 1 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retired) North Carolina Agriculture Farmer 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Cornelia Thweat William C. Reid 15. WAS DECEASED EYER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT (Daughter) Address 321 (Yes, no, or unkown) (Ifyesgivewerordetesofservice) Bel Air. Md. Miss Cornelia Archer 219-36-1749 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c). INTERVAL BETWEEN ONSET AND DEATH LIVER PART I. DEATH WAS CAUSED BY: CARCINOMA OF MO IMMEDIATE CAUSE (a) DUE TO CARDIO RESP. FAILURE 2 WEEKS geve rise to immediate cause DUE TO (e), steting the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(1) 19. WAS AUTOPSY CATION PERFORMED? \$ Q YES NO · 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) 20e. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING | CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20c. TIME OF INJURY Month, Dev. Yeer 20f. (City or town) (County) (State) fectory, street, office bldg., etc.) MEDI Not While Hour e.m. et work et work 21. I certify that (i) (this hospital) attended the deceased from...... saw the deceased alive on. 18814 6 19.62 and that death occured at S.M. from the causes and on the date stated above. 22b. DATE 22a. SIGNATURE ATTENDING 6 SIGNED DIRECTOR PHYS. ADDRESS 22c. PHYSICIAN'S NAME (Type) Sidwell. M. D. Franklin St., Bel Air, Md. FUN 23e. BURIAL, CREMATION, | 23b. DATE THEREOF 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY (State) Burial Churchville Presby. Churchville, Harf. Co. . Md. 25e. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE . 24 FUNERAL DIRECTOR'S SIGNATURE VR A1II (4) DATE PR 1 0 '62 Cirthun S. House 15M 9/60 JOSEPH W. FOSTER

executed

death certificate be

MARYLAND STATE DEPARTMENT OF HEALTH

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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND MEDICAL EXAMINER 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution; Residence before admission) . COUNTY LI al director, Page for your files. a. STATE b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporata limits, write RURAL and give nearast town) write RURAL and give nearest lewnt 6 d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE ON A FARM? State YES INO NAME OF Middle Last 4. DATE Month Day Year DECEASED OF the (Type or print) after 19 with 5. SEX AGE (In years (IF UNDER) YEAR IF UNDER 24 HRS 7. MAINTED NEVER MARRIED 5 may d 2 will hours a lest birthday) Months Days Hours Min. 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Give Pages 1, 2, orm PM3. Page 12. CITIZEN OF WHAT COUNTRY! 72 done during most of working life, even if retired) Switch Board Operator pages 1 form PM3. 13. FATHER'S NAME File 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT in pencil in Item 18. permit. (Yas, ng, or unkown) | (If yes give war or datas of service) with any 18. CAUSE OF DEATH [Enter only one cause par line for (a), (b), and (c). INTERVAL BETWEEN Office along burial-transit g ,5 ONSET AND DEATH I. DEATH WAS CAUSED BY. IMMEDIATE CAUSE (a) This certificate should be DUE TO removal, Conditions, if any, which (b) "pending" gave rise to immediate causa u m DUE TO (a), stating the undarlying Medical Examiner ö cremation, or cause last. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART II ALL 19, WAS AUTOPSY CERTIFICATION PERFORMED? @ word NO 20%. EXTERNAL CAUSE WAS 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of Injury in Part I or Part II of Item 18.) PRIMARY IT or CONTRIBUTING IT CAUSE OF DEATH. 2Dc. TIME OF INJURY Month, Day, Yaar 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. (City or town) (County) (State) factory, street, office bldg., etc.] While Not While Hour s.m. to the prior at work at work CIOR: 21. I certify that I took charge of the remains described above, held an Autopsy Inquiry and in my opinion lease execute the certific the should be forwarded to prince to prove the property of the state death resulted from: Undetermined manner Natural causes Accident CHIEF MEDICAL EXAMINER ACTUAL DATE SIGNED DEPUTY MEDICAL EXAMINER EXAMINER'S NAME (Type) Address (Streat, city, town, or county) 22a, BURIAL, CREMATION. NAME OF CEMETERY OR CREMATORY 22c. 22d, LOCATION (City, town, or country) (State) REMOVAL (Specify) 240 g QI now 240. REC'D BY REGISTRAR | 24b. REOISTRAR'S SIGNATURE VS. AISME arthur S. Thouse 5M 9/60

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FOR STATE	04587 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	4584
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Resid	lenca before admission
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al dir	d. Name OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS	e. IS RESIDENCE ON A FARM?
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	(Type or print) VON & (U W. Bach man DEATH A) 1-112	4 1962
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ltem ltem with perm	[18. CAUSE OF DEATH [Inter only one cause per line for (e), (b), and (c).]	INTERVAL BETWEEN
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bereat M	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country)	(State)
05409	Removal App. 25.1962 Richardson Funeral Home Scituate	Mass.
P P	23 AFPINERAL DIRECTOR MEDITARY 24b. REGISTRAR'S SIGN	ATURE
VS. A15ME 5M 9/60	Howard K. Me Comas & Son Abingdon Maryland DATE APR 26'62 Crither 2.	CALLE

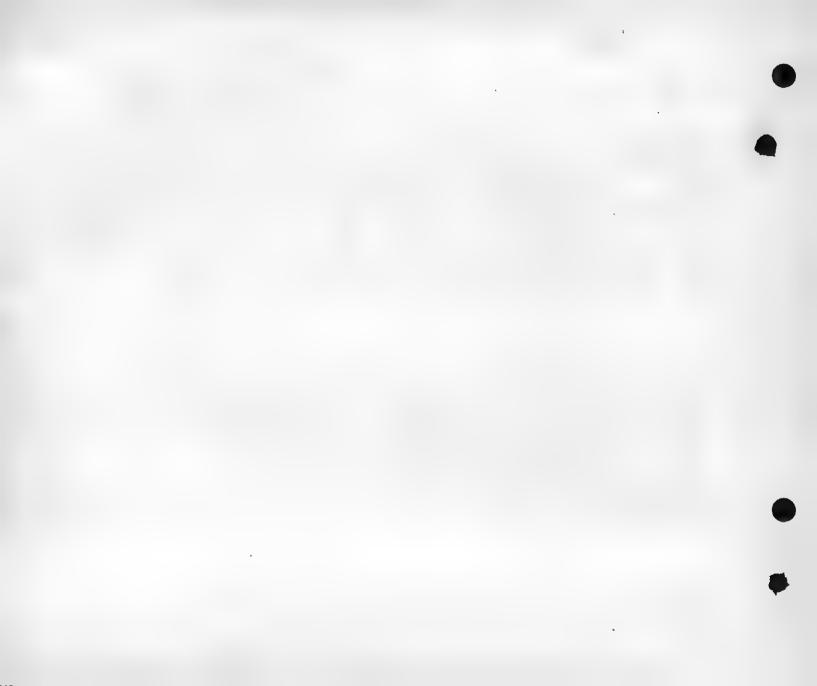
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before edmission) 1. PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give neerest town) b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES NO 121 papers. n 72 ho NAME OF Yeer Month OF DECEASED сотр DEATH (Type or print) pou. withi IF UNDER 24 HRS. 9. AGE (la years last birthday) IF UNDER 1 YEAR 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH years and Months Deys remove car any event, WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY 104. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) done during most of working life, even it retired) News Writer 13. FATHER'S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unkown) (If yes give wer or deles of service) INTERVAL BETWEEN 1B. CAUSE OF DEATH [Enter only one cause opr line for (e), (b), end (c).] ONSEL AND DEATH PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (e) DUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (a), stating the underlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0): 19. WAS AUTOPSY PERFORMED? NO 20b. DESCRIPE HOW INJURY OCCUPIO. (Enter neture of injury in Pert I or Pert II of item 18.) 200. ACCIDENT WAS UNDERLYING OR CONTRIBUTING CLAUSE OF DEATH (State) (County) 2Dd. INJURY OCCURRED | 20e, PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Yeer fectory, street, office bldg., etc.) Not While While Hour e.m. at work et work CTOR: p.m. 19 that (I) (we) last this hospital) attended the deceased from. 21. I certify tha M, from the causes and on the date stated above. and that death occurred at 10 saw the deceased alive on..... SIGNED ATTENDING MED PHYS. PHYS. DIRECTOR M.D. 22d. ADDRESS 22c. PHYSICIAN'S NAME (Type) Grigoleit. Havre (Stele) CEMETERY OR CREMATORY 23d. LOCATION (Citys-lown or co. 23a. BURFAL, CREMATION, REMOVAL Specify! 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE FUNERAL DIRECTOR'S SIGNATU arthur S. Kenya

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04589 CERTIFICATE OF DEATH I. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) a. COUNTY b, COUNTY MARYLAND and b. CITY OR TOWN (if outside corporate limits c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest town) write RURAL and give nearest town) d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street afforess d. STREET ADDRESS IS RESIDENCE ON A EARM? YES NO certificate be executed 3. NAME OF 4. DATE Middle Month pape n 72 DECEASED OF (Type or print) DEATH and cor 9. AGE (In years) IF UNDER I YEAR 5. SEX 7. MARRIED NEVER MARRIED 1 B. last birthdby) Days Months WIDOWED DIVORCED ICa. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? BIRTHPLACE (County & State, or foreign country done during most of working life, even if retired) toukanio 13. FATHER'S NAME Then please 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unknwn) | (If yes give wer or dates of sarvice) is. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] ONSET AND DEATH PART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) BUE TO Conditions, if eny, which gave rise to immediate cause DUE TO (e), stating the undarlying cause last. PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19. WAS AUTOPSY GENTHATION 92 PERFORMED? NO 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY 20f. (City or town) (Slefe) Month, Day, Year (County) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work p.m. 21. I certify that (I) (this hospital) attended the deceased from...3 saw the deceased alive on. 22a, SIGNATURE 22b. DATE ATTENDING 5 GNED PHYS. DIRECTOR PHYS. MD. 22c. PHYSICIAN'S 22d. ADDRESS ector, 238. BURIAL, CREMATION, 236. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY (State) REMOVAL (Specify) 0:58 286, REGISTRAR'S SIGNATURE 25a. .REC'D BY REGISTRAR 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61

ARYLAND STATE DEPARTMENT OF HEALTH



MARYLAND STATE DEPARTMENT OF HEALTH	MARIEMIN SIAIE PELARIMENT VI IIIA			
Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMO	RE 1, MARYLAND			
FOR STATE 04590 MEDICAL EXAMINER'S CERTIFICATE OF DEATH	- 04588 $-$			
DEPT. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if in				
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b. CITY OR TOWN (if ouls de parporele limits, write I write BURAL and give negrest town)				
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d NAME OF HOSPITAL OR INSTITUTION if not in hospitel, give street eddress) d. STREET ADDRESS	O ON A FARM?			
TAT NOTES WHEEL	YES NO			
3. NAME OF Great Month OF Month	Dey Year			
Type of print) K(C) 170 Bog 95 DEATH APY	1/1/1962			
last birthday)	FUNDER 1 YEAR IF UNDER 24 HRS Months Days Hours Min.			
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p.m. 19 at work et work				
21 I certify that I took charge of the remains described above, held an Autopsy . Inspection . Inquiry				
death resulted from. Natural causes X Accident . Suicide . Homicide . Undetermined ma	nner			
CHIEF MEDICAL EXAMINER 4-1-	62			
ACTUAL SIGNATURE COLONIA COLONIA M.D. ASSISTANT MEDICAL EXAMINER	PATE SIGNED			
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22d. LOCATION (City, lown,	or country) (Slete)			
02408 BENIAL (Specify) April 3, 1962 BENIAL CEMETERY RENICK GEEEN	m'Ar Co. W. VA:			
23. FUNERAL DIRECTOR 1. ADDRESS 240. REC'D BY REGISTRAR 24b. REGIS	TRAR'S SIGNATURE			
VS. ATSME TOUR. Frate BEI Arr Maryland DATE APR 3 162	himmit Si' i Orania			
(Joseph W. Foster)				



	MARYLAND STATE DEPARTMENT OF HEALTH			
	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 04585	9_		
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301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before edmission) PLACE OF DEATH s. COUNTY **b.** COUNTY MARYLAND CITY OR TOWN (if outs de corporate limits, c. CITY OR TOWN (If outside corporate hmits, write RURAL and give neerest lown, c. LENGTH OF STAY IN 16 write RURAL and give nearest fewn) within 24 de IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS ON A FARM? YES NO K executed NAME OF Year Middle DAT DECEASED DEATH (Type or print, 6. COLOR OR RACE 7. MARRIED TO NEVER MARRIED IF UNDER 1 YEAR JE UNDER 24 5. SEX AGE In years B. DATE OF BIRTH last birthday) Months Hours WIDOWED DIVORCED death certificate attending physician hen please remove 1 12, CITIZEN OF WHAT COUNTRY USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY done during most of working life, even if retirad Office Manager U.S. Govt. 13. FATHER S NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES
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W. PRESTON STREET, BALTIMORE 1, MARYLAND STATISTICAL RESEARCH AND RECORDS. 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If Institution: Residence before admission) a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN (if outs de corporate limits, LENGTH OF STAY IN 16 c. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest lownly . IS RESIDENCE (if not In hospital, give street eddress) ON A FARM? YES NO NAME OF DATE Day Month DECEASED OF DEATH (Type or print) AGE (In years | IF UNDER 1 YEAR IF UNDER 24 HRS B. DATE OF BIRT FX NEVER MAKRIED lest bigthday) Months Dava Hours WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY! USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY, 11. BIRTHPLACE (County & State, or foreign country) done during most of working life, even if retired) 13. FATHER'S NAME MOTHER'S MAIDEN NAME 15. WAS DECEASED EVER IN U.S. ARMED FORCES? INFORMANT (Yes, no, or unkown), (Ifyes a vewar or detes of service) 18. CAUSE OF DEATH [Enter only one cause-per line for (e), .b), end (c),] ONSET AND DEATH PART I. DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN N PART I(e) 19. WAS AUTOPSY MCATION PERFORMED? NO Y 20a. ACCIDENT WAS UNDERLYING [7] 2Db. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER) ₹ S (State) 2Dd. INJURY OCCURRED | 2De. PLACE OF INJURY (Home, farm, 1 2Df. [City or lown) (County) 2Dc TIME OF INJURY Month, Day, Year factory, street, office bldg., etc.) Not While While at work et work pm. 21. I certify that (I) (this hospital) attended the deceased from . Man ... 19.6.7. that (I) (we) last saw the deceased alive on 22b. DATE 226 SIGNATURE SIGNED ATTENDING MED DRECTOR PHYS. PHYS. 22d ADDRESS 22c PHYSTCIAN'S NAME ITYP (State) 238, BURIAL, CREMATION., 236 DATE NAME OF CEMETERY-OR CREMATORY 23d. EMOVAL (Specify) 25e REC'D BY REGISTRAR 25b, REGISTRAR'S SIGNATURE VR A15 (4)

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OF HEALTH



ESTON STREET, BALTIMORE 1, MA 2. USUAL RESIDENCE (Where deceased lived, If Institution, Residence before edmission) PLACE OF DEATH a. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN (if outside corporate limits, CITY OR TOWN (If outside corporate limits, write RURAL and give c. LENGTH OF STAY IN 1b write RURAL and give neapest lown) d. STREET ADDRESS IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give straet address) ON A FARM? YES NO Y 3. NAME OF DATE Middle DECEASED DEATH (Type or print) 7. MARRIED NEVER MARRIED 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE . County & State, or fore on country) done during most of working Melieven of retired) DUPII DIEELLONS RULLION 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME please 18. CAUSE OF DEATH Enter only ona cause per line for (e), (b), and (c). ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e **DUE TO** Hears geve rise to immediate cause DUE TO (a), stating the underlying cause last. II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(4) 19. WAS AUTOPSY PERFORMED? NO X 200 ACCIDENT WAS UNDERLYING LE OR CONTRIBUTING E CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURED. (Enter nature of injury in Port I of Part II of tem 18) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (County) (State) Month, Day, Year 20c. TIME OF INJURY factory, street, office-bldg., etc.) While et work 81 work 1900 10. 21. I certify that (I) (this hospital) attended the deceased from 67 and that death occured at AMM, from the causes and on the date stated above. saw the deceased alive on. ATTENDING 22a. SIGNATURE DIRECTOR PHYS 22d# ADDRESS. 22c. PHYS CIAN'S NAME (Type) 23d., LOCATION (City, lown or county) 23a, BURIAL, CREMATION, 236 25b. REGISTRAR'S SIGNATURE VR A15 (4) 15M 7/61



OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution, Residence before admission) 1. PLACE OF DEATH a. COUNTY **b.** COUNTY MARYLAND b. CITY OR TOWN if outside corporete limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN IN outside corporate limits, write RURAL and give nearest town) write RURAL and give nearest town) d. STREET ADDRESS e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) ON A FARM? YES NOT NAME OF Month Year DECEASED OF DEATH (Type or print) 9. AGE IN YEAR I IF UNDER I YEAR IF UNDER 24 HRS. 6. COLOR OR RACE 7. MARRIED THEYER MARRIED 5. SEX last birthday) Months Hours 1886 WIDOWED [DIVORCED 12, CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work (County & State, or foreign country) done during most of working life, even if retired) 11.5.A. Accountant Office Finance 13. FATHER'S NAME attending pl Then please DAA 15. WAS DECEASED EVER IN U.S. ARMED FORCES? I 16. SECIAL SECURITY NO. 17. INFORMAN (Yas, no, or unkown) | (If yas give war or dates of service) Aberdenn. Md. 216-07-1 J. Lee Curry. Mrs. INTERVAL BETWEEN 18. CAUSE OF DEATH |Enter only one cause per line for (e), (b), and (c).] . ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO cute Renal Conditions, if any, which (b)_ gave rise to immediate cause DUE TO (a), steting the underlying causa last. PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1[3] 19. WAS AUTOPSY CERTIFICATION NO 2De. ACCIDENT WAS UNDERLYING 1 ' 2Db. DESCRIBE HOW NURY OCCURED. (Enter neture of injury in Part I or Part II of Item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) (State) 2De. PLACE OF INJURY (Home, farm, 1 20f. (City or town) (County) 2Dd. INJURY OCCURRED 20c. TIME OF INJURY Month, Day, Yeer factory, street, office bldg., etc.) While Not While et work | et work D.M. 21. I certify that (I) (this hospital) attended the deceased from 3/42 Jihat (I) (we) last 2and that death occurred at 1.7 saw the deceased alive on..... M, from the causes and on the date stated above, 22a. SIGNATURE ATTENDING A SIGNED PHY5. DIRECTOR PHYS. MD. 22c. PHYS CIAN'S NAME (Type) S. Union Ave ector, 23d. LOCATION (City, town or county) 23c. NAME OF CEMETERY OR CREMATORY 23a. BURIAL, CREMATION, 23b. DATE THEREOF REMOYAL [Specify] Havre de Grace. 0.9 Hill Cemetery Euria 258. REC'D N REGISTRAR 256. REGISTRAR S SIGNATURE 24 FUNERAY DIRECTOR'S SIGNATURE VR A15 (4) 15M 7/61 Aberdeen. Md.



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VR A15 (4) 15M 7'61	R	B	BURIAL, CREMATION, 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY DEMOVAL (Specify) MAY 2 1962 ADDRESS FUNERAL DIRECTOR'S SIGNATURE ADDRESS ADDR	O- MO:

MARYLAND STATE DEPARTMENT OF HEALTH



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1. MARYLAND CERTIFICATE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institutions Residence before admission) I. PLACE OF DEATH b. COUNTY MARYLAND CITY OR TOWN (if outside corporate limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest lown) write RURAL and give nearest town) NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) d. STREET ADDRESS a. IS RESIDENCE ON A FARM? YES NO F 031 NAME OF DATE Month Year Last OF DECEASED (Type or print) DEATH 19 5. SEX DATE OF BIRTH 9. AGE (In years | IF UNDER I YEAR | IF UNDER 24 HRS. 7. MARRIED WEVER MARRIED lest birthday) Months WIDOWED DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10a. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY Steta, or foreign country) dona during most of working life, even if retired) CAVIL SERVICE 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME WAS DECEASED EVER IN U.S. ARMED FORCES? | 16 SOCIAL SECURITY NO. | war or dates of service 1. GRIFFITH INTERVAL BETWEEN 18. CAUSE OF DEATH [Enter only one cause contine for (e), (b), and (c). ONSET AND DEATH I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which gave rise to immediate cause DUE TO (a), stating the underlying cause last PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(8): 19. WAS AUTOPSY CERTIFICATION PERFORMED? NO [20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Part I or Part II of Item 18) 200 ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Homa, farm, 1 20f. [City or lown] (County) (Steta) 20c. TIME OF NJURY Month, Day, Year fectory, street, office bldg., etc.) While Not While Hour A.m. el work al work from the causes and on the date stated above. and that death occured at ... AMA saw the deceased alive on 225. DATE 22a SIGNATURE ATTENDING STAFF DIRECTOR PHYS. 22d. ADDRESS 22c. PHYSICIAN SL NAME (Type) 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) 23a. BURIAL, CREMATION, | 23b. DATE THEREOF REMIDVAL (Specify) KIDEE DURIAL 25a. REC'D BY REGISTRAR | 25b. REG STRAR'S SIGNATURE VENERAL DIRECTOR'S SIGNATURE ADDRESS Caroling L. Theres DATE

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4	11	MARYLAND STATE DEPARTMENT OF HEALTH	
	H	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 04598 CERTIFICATE OF DEATH 04596	
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he affer Then moval, a		15. WAS DECEASED EVER IN U.S. ARMED FORCES? 1 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (Hypos give wer or deles of service) 108-14-5578 Mrs. Alvina H. Diehl, Darlington, Mc	ĭ,
ysician. ysician. ed by t permit		18. CAUSE OF DEATH [Enter on y one course per I me for (e), (b), and (c).] PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) INTERVAL BETWEEN ONSET AND DEATH A COUNTY ONSET AND DEATH	
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VR A15 (4) 15M 9/60	B	john H. Harlams Delta, Penna. DATE APB 30'62 circum & thomas	



	MARYLAND STATE DEPARTMENT OF HEALTH	
	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARY	LAND
FOR STATE	045 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 045	97
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, f institution: Residence e. COUNTY a. STATE b. COUNTY	balore edin ssion]
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The la Itendii beer uriat-l			gava rise to immadiate causa (a), stating the underlying DUE TO	James		
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PHY the his ce I for u		CERT	20a. ACC DENT WAS UNDERLYING 20b. DESCR BE HOW INJURY OCCURED. (Enter natura of injury in Part I or Part II of Itam 1B.) OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER)			
ornG ed by After 1 lached		MEDICAL	Hour a.m. Whila Not While factory, streat, offica bldg., etc.)	County) (State)		
Sept.		Σ.	21. I certify that (I) (this hospital) attended the deceased from July 1957, to in April.	196		
R A A BECO			saw the deceased alive on 1961, and that death occurred atta Yell, from the causes and or	22b, DATE		
THE DEST)		Edward Ct Kultford MELD M.D. ATTENDING MED. STAFF PHYS. DIRECTOR PHYS. 22d. ADDRESS	10 april 6 2		
SPITER INERIO	,		NAME (Type) EDWIN W. WHITEFORD WHITEFORD IND.	, <u></u>		
death. O FU		23	REMOVAL (Specify) H-13-62 136. NAME OF CEMETERY OR CREMATORY 236. LOCATION (City, town or co			
VR A15 (4)	24	TUNERAL DIRECTOR'S SIGNATURE ADDRESS 250. REC'D BY REGISTRAR 256. REGISTRAR	'S SIGNATURE		
15M 9/60			John 17. Havena DELTA, PA. DATE APR 12'62 Children	1 L. Kruna		



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND 1. PLACE OF DEATH 2. USUAL RESIDENCE (Whara decaasad lived, If institution, Residence before admission) a. COUNTY b. COUNTY Harford Maryland Har ford MARYLAND b. CITY OR TOWN (if outside corporala limits, c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL end give nearest lown) write RURAL and give neerest town) month Bel Rurel-Bel d, NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street address) e. IS RESIDENCE d STREET ADDRESS ON A FARM Conowingo Road Convalescent Home Harford YES 3. NAME OF Middla 4. DATE Day DECEASED 62 DEATH (Typa or print 19 Minnie Mae Jordan 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 5. SEX 19. AGE (In years [IF JNDER 1 YEAR) IF UNDER 24 HRS. B DATE OF BIRTH birthday) Months, Days 1893 August 27. 68 Female DIVORCED X 10a. USUA. OCCUPATION .G va kind of work 12 CIT ZEN OF WHAT COUNTRY? 10b. KIND OF BUS NESS OR INDUSTRY SIRTHPLACE (County & State, or foreign country) done during most of working life, even if retirad) Housekeeper Maryland Hotel 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME David Reynolds Amanda Fowler 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. 17. INFORMANT Daughter or Yes, no. or unkown) (fyasg.vewarordatesofsarvice) 220-05-1266 Lirs. Virginia Taylor Conowingo Air. 18. CAUSE OF DEATH [Enter only one cause mer line for (a), (b) and (c) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gove rise to immediate cause **DUE TO** (a), staling the underlying cousa last. PART II. OTHER SIGNIF, CANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART I(a) 19. WAS AUTOPSY CATION PERFORMED? NO 20a ACCIDENT WAS JNDERLYING [] [20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part I of Itam 18) CERTIFI OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) MEDICAL 20d. INJURY OCCURRED 20a, PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) 20c. TIME OF INJURY Month, Day, Year factory, straet, office bldg., etc.) Hour a.m. Whila Not While at work at work 21. I certify that (I) (this hospital) attended the deceased from the D. 1962 to 12.4 1962 That (1) (we) last ...19 & 2, and that death occured a ... AM, from the causes and on the date stated above saw the deceased alive on J. 12 ATTENDING 22b. DATE S.GNATURE April 24,62 GNED DIRECTOR MD. 22c. PHYSICIAN'S 22d. ADDRESS NAME (Typa) Palmer. M.D. Main St. Bel Air, Md. 23c. NAME OF CEMETERY OR CREMATORY 1 23d, / LOCATION (City, lown or county) / 23a, BURIAL, CREMATION, 1 23b के दें चे Air Memorial Gardens, Bel Air, Harf. Co., Md. 1962 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL DIRECTOR'S SIGNATURE VR A15 (4) 15M 9/60 Carlyn 2 - Krays

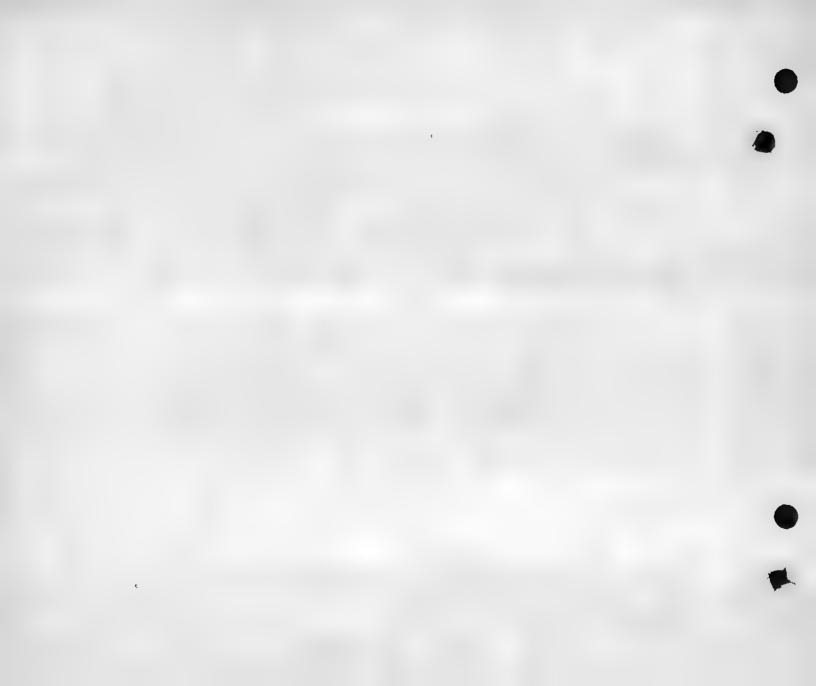
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death certificate be

DEPARTMENT OF HEALTH



1 700	MARYLAND STATE DEPARTMENT OF HEALTH	
1/04	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	
FOR STATE	MEDICAL EXAMINER'S CERTIFICATE OF DEATH 03600	
HEALTH DEPT.	1. PLACE OF DEATH o. COUNTY o. COUNTY	on)
Page (. COUNTY Parland MARYLAND O. STATE MA B. COUNTY Page 10	
tor. Partille of Hee	b. CITY OR TOWN (if outs de controte limits. c. EENGTH OF STAY IN 1b c. CITY OR TOWN If outside corporate limits, write RUBAL and give negrest town?)	_
वृङ्ग हे व्	write RURAL end give neerest towal D.O.A. Pormille 17x 2	
si y ja sa	d NAME OF HOSPITAL OR INSTITUTION (I not in hospitel, give street eddress) d STREET ADDRESS	
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Shath Bath	3. NAME OF First A Middle Last 4. DATE Month Dev Year	
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hour ages 3. P	13 EATHER S NAME 1 14. MOTHER'S MAIDEN NAME	-
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wit wit per	18. CRUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).]	
xec in in latitude distribution	PART I, DEATH WAS CAUSED BY:	
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Med Med Shou	20b. EXTERNAL CAUSE WAS PRIMARY IDNO COURTBUTING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Pert 1 or Pert 11 of Item 18.)	
MINER vriting th Chief W Sge 3 sh o burial	3 20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, 20f. (City or town) (Stell)	
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Di ce la ce	death resulted from. Natural causes Accident Suicide Homicide Undetermined manner CHIEF MEDICAL EXAMINER CHIEF MEDICAL EXAMINER	
the the DIR	ACTUAL LEADING C Palmer ASSISTANT MEDICAL EXAMINER DATE SIGNED	
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DEPU Nease execute should be fo FUNERAL its designate	EXAMINER'S GETOLD PROMON U. P. DEPUTY MEDICAL EXAMINER # 4-25-62 NAME (Type) GETOLD PROMON U. P. Address (Street city town, or county)	
Shoul Frunk	220, SURIAL, CREMATION, 226, DATE THEREOS 22c. NAME OF CEMETERY OF CREMATORY 22d JOCATION (City, Jowas, or country) [State]	
0 2 4 0 p	Burney 4/28/62 Not Ein Hound Here Md.	
A A	22. FUNERAL DIRECTOR 240. REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE	-
VS. AISME	Luciose for the Handle deare, Md. DATE MAY 3 '62 Conting S. Thrus	
5M 9'60	Total Total	



DEPARTMENT OF HEALTH DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence before admission) e. COUNTY b. COUNTY ona MARYLAND ona b. CITY OR TOWN (f outs da corporete imits C. LENGTH OF STAY IN 16 c. CIY OR TOWN (If butside corporate I m ts, write RURAL and give hearest town) write RURAL and give nearest town larnettavi d. NAME OF HOSPITAL OR NSTITUTION (if not in hospital, give street address) d STREET ADDRESS IS RES DENCE ON A FARM? YES NO 3. NAME OF Middle Last 4. DATE Month DECEASED OF (Type or print) DEATH 5 SEX 9. AGE (In years | IF UNDER I YEAR 7. MARR ED ANEVER MARRIED DATE OF BIRTH IF UNDER 24 HRS. lest birthday) Months WIDOWED DIVORCED 10a. JSUAL OCCUPATION (Give kind of work | 10b K.ND OF BUSINESS OR .NDJSTRY | 11, BIRTHPLACE (County & Stelle, or fore gir country) 12. CITIZEN OF WHAT COUNTRY? done during, most of working I fe, eyen if relited) more, Jervice attending phy Then please re 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Henry 15. WAS DECEASED EVER IN J.S. ARMED FORCES? 16. SOCIAL SECURTY NO. 17. INFORMANT (Yes, no, or unkown) ((Ifyesgivewerordetesofservice) INTERVAL BETWEEN ONSET, AND DEATH 18. CAUSE OF DEATH [Enter only one cause het line for (e), (b), and (c)] DUE TO geve rise to immediate cause **DUE TO** (a), stating the underlying PART II. OTHER SIGNIFICANT, CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON GIVEN IN PART 1(a): 19. WAS AUTOPSY PERFORMED? NO 1 200, ACCIDENT WAS UNDERLY NO . T 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of Item 18) OR CONTRIBUTING | CAUSE OF DEATH IF EITHER, NOTIFY MEDICAL EXAMINER 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED . 20e, PLACE OF NJJRY (Home, ferm, 20f, (City or town) (County) (Stelle) factory, street, office bldg., etc.) While Not While Hour a.m. at work at work D. 20 21. I certify that (I) (this hospital) attended the deceased from saw the deceased alive on. (2) 22a. SIGNATURE 22b. DATE ATTENDING MED SIGNED PHYS, DIRECTOR PHYS. 22d. ADDRESS 22c PHYSICIAN'S NAME (Type) FUNE ector, 238. BURIAL, CREMATION, 236 DATE THEREO + 23c. NAME OF CEMETERY OR CREMATORY 123d. LOCATION (City, town or county) (State) REMOVAL (Spegify) の青色 24 FUNERAL DIRECTOR'S SIGNATURE 9 250, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) 15M 9/60 DATE



1	DIVISION OF STATISTICAL RESEARCH AND RECORDS 301 W. DRESTON STREET IS	BALTIMORE 1, MARYLAND
1	04604 CERTIFICATE OF DEATH	04602
	a. STATE Maryland	b. COUNTY Harford
Y	b. CITY OR TOWN (if outside corporate I mils, c. LENGTH OF STAY IN 1b c. CITY OR TOWN (If outside corpo write RURAL and staye neerest lown) 40 years d. NAME OF HOSPITAL OR INSTITUTION (if not in hospite), give street eddress) d. STREET ADDRESS	rete I mits with RURAL and give neerest town)
	Main Street	ON A FARM? YES NO
	3. NAME OF First Middle Lest 4. DATE OF OF DECEASED (Type or print) Assemble T. O. P. O. P	Month Dey Yeer
	August Lackey	AGE (In yeers IF UNDER 1 YEAR IF UNDER 24 HRS. last birthdey) North Deys Hours Min.
	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) Barber 10b. KIND OF BUSINESS OR INDUSTRY 11. B RTHPLACE County & Stete, or form the state of	oreign country) 12. CITIZEN OF WHAT COUNTRY
/	13. FATHER'S NAME Unknown Unknown	
	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknown) (If yesgivewar or deles of service) NO 215-34-9872 Mrs. Maudie Sad Part I. Death Was Cause By: Immediate Cause (e) Part III P	Address Ler, Cardiff Md Interval setween ONSET AND DEATH
Ä	Conditions, if any, which gover rise to immediate couse (c), stating the underlying couse lest. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO.	ONDITION GIVEN IN PART 1(e) 19. WAS AUTOPSY PERFORMED?
)	PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CO. 200 ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED. (Enter neture of injury in Pert I or Pert I or Port I or Pert I or Per	of Item 1B)
	20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, ferm, While Not While factory, street, office bidg., etc.)	or town) (County) (State)
	21. I certify that (I) (this hospital) attended the deceased from	the causes and on the date stated above
	22c. PHYSIC AN'S ATTENDING PHYS. OIRECTOR 22d ADDRESS	PHYS. 4/28/62 SIGNED
	23a. BURIAL, CREMATION, 23b. DATE THEREOF 123c. NAME OF CEMETERY OR CREMATORY 123d. LOCA	TION (City, town or county) (State)
		Forest Hill, Md.
1/2	John H. Harling Delta, Penna DATE MAY 1	162 arthur I thank



v .		MARYLAND STATE DEPARTMENT OF HEALTH	
N .		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND	. (1)
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p p p p p p p p p p p p p p p p p p p	(1)	Dorsey Stephen Lloyd Sr. Dora ?	_
the state of The overland		No 212-20-8514 Mrs. Anna Mary Lloyd Baldwin. Md.	
ffa Life Port rem		IB. CAUSE OF DEATH [Enter only one ceuse per line for (e), (b), end (c).] INTERVAL BET ONSET AND	WEEN
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IAN fal o cate cate o b	Ž.	PART II. OTHER SIGNIFICANT CONDITIONS CONTR BUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G. VEN IN PART 1(a) 19. WAS A PERFO	RMED?
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다 주 는 Personal			(Stele)
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P P P P		saw the deceased alive on 19.6.2 and that death occurred at 2.5.M, from the causes and on the date stated	
State		22e. SIGNATURE 22b.	. DATE
F C S		Levelle (Jalmen M.D. ATTENDING MED. STAFF DIRECTOR PHYS. 4-14-	SIGNED
F age		22c. PHYSICIAN'S NAME (Type) C. P. J. C. P. P. J. M. T. 22d. ADDRESS	
JNE For, p		STATE OF THE STATE	
世紀日野田		REMOVAL (Specify)	iele}
ပ္မွာင္တြင္သည္တ	5	Burial 4/17/1962 Black Rock Cemetery Butler Balto. Md	• -
VR A15 (4) 15M 9/60	B	all a fill and a flench	
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W 1	MARYLAND STATE DEPARTMENT OF HEALTH Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
EOR STATE	OLGOG MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04604
HEALTH DEPT.	1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased Lived, If institution; Residence before edmission)
€ 20 % E	•. COUNTY Harford MARYLAND •. STATE Maryland b. COUNTY Harford
で 三世 末 1 🗸 🗎	b. CITY OR TOWN (if outside corporate limits, write RURAL and give nearest town) c. CITY OR TOWN (if outside corporate film is, write RURAL and give nearest town)
is nectory your	Rural-White Hall 10 minutes Bel Air
S To To S	ON A FARM?
f. State State	3. NAME OF First Middle Latt 14 DATE Month Day Van
If any the the the tree or de	(Type or print) Thomas Oliver Matthews, Sr. Death April 25, 1962
Peath 7 5 5 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4	5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED B. DATE OF BIRTH 1 9. AGE (In years IF UNDER 1 YEAR, IF UNDER 24 HRS.) Last birthday) Months, David Months, David House 1 Min.
er d and 5 mg	MINITED WIDOWED DIVORCED DISCO. DO. 1900 61 yrs.
rs aff 1, 2 age 1 and 72	10e. USUAL OCCUPATION (Give kind of work done during most of working life, even if refired) 12. CITIZEN OF WHAT COUNTRY?
hin 24 hours af Give Pages 1, 2 File pages 1 and The pages 1 and	Truck Driver Milk Transportation Maryland U. S. A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
Z S S S S S S S S S S S S S S S S S S S	Joshua H. Matthews Mary Eliza Coale
A Hilling	15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT (Daughter) Address 230 Victory Lane (Yes, ng. or unkown) (Hysegive was or dates of service) NO 216-30-7989 (Line 2172, Villes on Rel Air 1974)
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executed in the long with ansit per nd in any	PART I. DEATH WAS CAUSED BY O ONSET AND DEATH
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AMINER writing th e Chief M Page 3 sh to burial	ZOc. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20a. PLACE OF INJURY (Homa, farm, 20f. (City or town) (County) (State) Hour a.m. While Not While factory, street, office bidg., etc.)
_X @ = ;; ō	part 17
at to CTO	21. I certify that I took charge of the remains described above, held an Autopsy Inspection [X]. Inquiry and in my opinion death resulted from: Natural causes Accident Suicide Homicide Undetermined manner
MEDIC If the carific forwarded in DIRECT Insted agent,	CHIEF MEDICAL EXAMINER BELLEN MY.
MED ute the forwar	SIGNATURE SIGNATURE ASSISTANT MEDICAL EXAMINER TO DATE SIGNED
executed be for which the signal designal	EXAMINER'S GETULD C POLM C)- MD DEPUTY MEDICAL EXAMINER & 4-25-62
	228. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, Jown, or country) (State)
0 9 4 0 9	Burial Apr. 27, 1962 Bel Air Memorial Gardens Bel Air Harf. Co. Md.
VS. ATSME	23. FUNERAL DIRECTOR W. Broadway& VIIII ams St. 240. REC'D BY REGISTRAR 246. REGISTRAR'S SIGNATURE
5M 9/60 B	Bel Air, Maryland , DATE APR 27'62 Chilling & Thomas
	Joseph W. Foster



1		MARYLAND STATE DEPARTMENT OF HEALTH
X 1		DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
· 3	= 0.	04607 CERTIFICATE OF DEATH 04605
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Ped Per 2 ho		3. NAME OF 12 First Middle Last 4. DATE Month 1 Day Year
ecul pap pap	1	(Type or print) Halffy MC Spander DEATH April 10 1962
9	-)	5. SEX 6. COLOR OR RACELY MADDIED TENER WARDING TO BUT 19. AGE IN YOURS IF UNDER 1 YEAR; IF UNDER 24 HRS
a page		MALE WIDOWED DIVORCED SEPT, 19 1908 33 yrs Hours Min.
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ysic emo		Cherry Tell-DRY CLEAN ER Cleaning & Viresing Lexus U-SA.
h ce se r		MOTHER'S MAIDEN NAME
ding ding plea		a P M Spadden Margaret Johnson
Hen		15 WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECUR TY NO. 17. INFORMATOR
Th Thorse		(Yes, no, or unkown) (Hyes give war or detes of service) 215-09-5176 ERMAW, M-SPADDEN, HAVREDE GRACE MO
s the same of the		IB. CAUSE OF DEATH [Enter only one cause per line for .e). (b), end (c).]
Vicion Vi		PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) Carcinomaloses, abdominal & months
par ignition in the state of th		153 DOUETO O A. DA' 100 1 -
law Jing on s I-fra ema		Conditions, if env. which 161 Carcinoma of Definord Colon Chronles
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IAN Ital cate ss th	L	PART I. OTHER SIGNIFICANT COND TIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDIT ON G VEN IN PART 11. 19. WAS AUTOPSY PERFORMED?
SIC ospi		PART I. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO BEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITIONS VEN IN PART IIS PERFORMED? PERFORMED? PERFORMED? PERFORMED? YES NO OF CONTRIBUTING CAUSE OF DEATH OF CONTR
HY e h is ce		E 200 ACC DENT WAN UNDERLYING 206. DESTRIBE HOW INJURY OF QUIRED. Enter netural of Thompson Port I of John 18 . OR CONTRIBUTING CAUSE OF DEATH OR CHIEFT MEDICAL EXAMINER!
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A the part of the		20c. TIME OF INJURY Month, Day, Yeer 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. [City or town] (County) (State) Hour a.m. While Not While fectory, street, affice bldg., etc.]
de de		p.m. 19 el work at work
5 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		21. I certify that (1) (this hospital) attended the deceased from 3 (17
SEC Oul		saw the deceased alive on 10/042/11 19.62, and that death occurred ad from the causes and on the date stated/above.
S S S S S S S S S S S S S S S S S S S		228 SIGNATURE ATTENDING MED. STAFF 22V DATE
AL AL	-	220 PHYSIC AN'S A DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR PHYS. DIRECTOR
W. Pa	1	NAME (Type) = d. 2- d C (GO M) Have NO EDACO MA
Set Car	L	238. BURIAL, CREMATION, 236 DATE THEREOF 23c., NAME OF CEMETERY OR CREMATORY 23d., LOCATION (City, town or county) (Stote)
Ogogy.	1	REMOVAL "Specify H-13-1962 ANDEL HILL CEM HAUDEDE GOLDE 140
VR A1S (4)), \		24 EUNERAL DIRECTOR'S SIGNATURE // ADDRESS A, 258, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE
ISM 7.61		A Madison Machell HAVRE DEGRACE, MO. DATE APR 12'62 arthur & thous
")	1	11 11 days of the



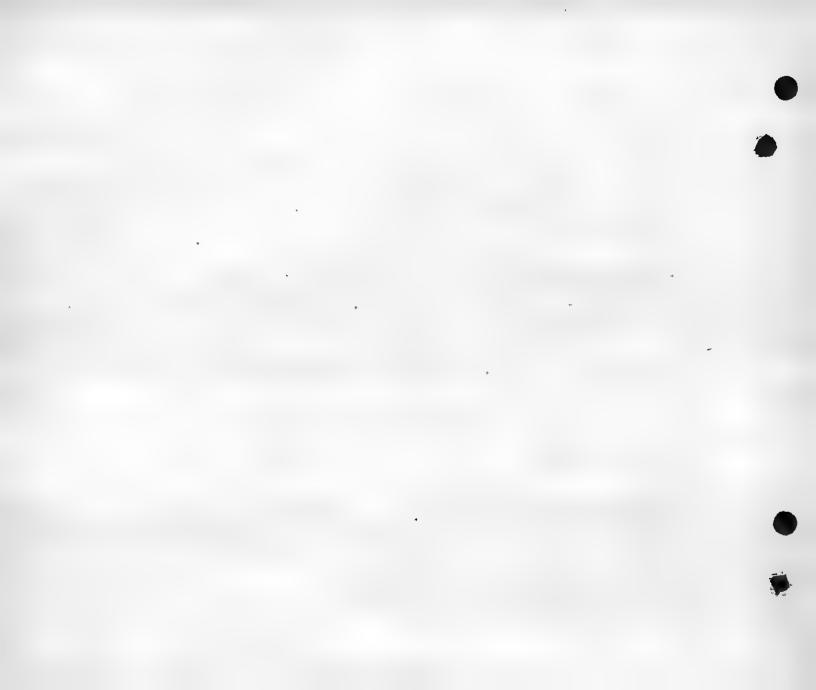
301 W. PRESTON STREET, BALTIMORE 1, MARYLAND DIVISION OF STATISTICAL RESEARCH AND RECORDS. CERTIFICATE OF DEATH PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, if institution: Residence before admits on) a. COUNTY a. STATE **6 COUNTY** MARYLAND b. CITY OR TOWN (if outside/corporate limits, write RURAL and give/steerest town) OWN(If outside Corporate limits, write RUKAL and give Recrest town) c. LENGTH OF STAY IN 16 c. CITY OR-A. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress . IS RESIDENCE ON A FARM? YES NO . NAME OF First Middle Year DATE Month Day DECEASED OF (Type or print) DEATH and cor 5. SEX COLOR OR RACE 7. MARRIED NEVER MARRIED - 6. AGE (In years IF UNDER 24 HRS. I IF UNDER 1 YEAR birthday) Months Hours WIDOWED [DIVORCED 10s. USUAL OCCUPATION (Give kind of work 10b. KIND OF BUSINESS OR INDUSTRY 12. CITIZEN OF WHAT COUNTRY? done during most of working life, even if retirad) 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAM Then ? 15. WAS DECEASED EVER IN U.S. ARMED FORCES SOCIAL SECURITY NO. Address (Yes, no, or unkown) Hivesgive war or datas of service) 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c)] INTERVAL BETWEEN ONSEL AND DEATH ART I, DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which (b) gave rise to immediate cause DUE TO (a), stating the underlying cause last. PART II. OTHER S. GNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE GIVEN IN PART 1(a) 19. WAS AUTOPSY CERTIFICATION 50 PERFORMED? NO prior use 20s ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH 1 20b. DESCR.BE HOW INJURY OCCURED, (Enter netura of injury in Pert I or Part II of Item fb.) (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, form, 20f (City or lown) (County) [Stete] fectory, street, office bldg., etc.) While Not While Hour a.m. et work at work 19 0.0 190 A, that (I) (we) last 21. | certifiv this hospital attended the deceased from.... to! 6.2, and that death occured at saw the deceased LM, from the causes and on the date stated above, 22b, DATE 22e. SIGNATUR ATTENDING MED. **ISTIGNED** PHYS. MD. 22d. ADDRESS 22c. PHYSICIAN S NAME (Type) directo 28c. NAME OF CEMETERY OR CREMATORY CATION [City, fown or county 23a. BURIAL, CREMATION | 23b. DATE THEREOF MEMOVAL (Specify) 25s. REC'D BY REGISTRAR 25b. REGISTRAR VR A1S (4) arthur S. Kines 15M 7 61 DATE

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MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 CERTIFICATE OF DEATH Reg. Dist. 104607 DARDO PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. COUNTY filed b. COUNTY MARYLAND Marvland Harford b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give nearest town) plnoys fun Bel Bel Air vears d. NAME OF HOSPITAL (If not in hospital, give street address) d. STREET ADDRESS e. IS RESIDENCE OR INSTITUTION ON A FARM? 614 Old Orchard Rd. Harford Convalescing Home YES NO IT NAME OF Middle 4. DATE Month Dov Year filled (Type or print) DEATHoril 16 016 1862 Monks Anna 6. COLOR OR RACE 9. AGE (In years last birthday) IF UNDER 1 YEAR IF UNDER 24 HRS. 7. MARRIED NEVER MARRIED B. DATE OF BIRTH Months Days Hours WIDOWED TH DIVORCED [7] Female White 100 USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (State or foreign country) 12. CITIZEN OF WHAT COUNTRY: during most of working life, even if retired) Housewife Home Forest Hill TISA corbon after o 13 FATHER'S NAME 14. MOTHER'S MAIDEN NAME Benjamin Harkins Emma A. Jones remove 72 hours 15 WAS DECEASED EVER IN U. S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Old Wrchard Rd. 644 ottending Nο Mrs. Lucille Morgan Bel Air. Md. pleose 18. CAUSE OF DEATH [Enter only one cause per line for (a), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY: Corebral Thrombosis DUE TO Chr. hypertensive cardiovascular disease Conditions, if any, which gove rise to immediate DUE TO couse (o), stoting the underlying cause last. CATION PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES INO I 20a. ACCIDENT WAS UNDERLYING TO CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. Day. Yeor 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) Hour o. n. Not while While p. m. at work or work 153 to April 16, 1962 that I last saw the deceased 21. I certify that I attended the deceased from Dac. April and that death occurred at \$130 P.M. from the causes and on the date stated above ADDRESS (Street, city or town, state) DATE SIGNED ACTUAL SIGNATURE PHYSICIAN'S O FUNERA registror NAME (Type) FOREST HILL ATD 3 220. BURIAL CREMATION. 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, town, or county) (Stote) REMOVAL (Specify) 962 Centre Forest Hill Maryland 23. FUNERAL DIRECTOR'S SIGNATURE ADDRESS 24a. REC'D BY REGISTRAR 24b, REGISTRAR'S SIGNATURE rrettevellez. MA



MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18 04610 CERTIFICATE OF DEATH Reg. Dist. No. 4608 director, iled with 1. PLACE OF DEATH 2. USUAL RESIDENCE [Where deceased lived | If institution | Residence before admission] · COUNTY filed **b.** COUNTY MARYLAND Maryland Harford Harford b CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c CITY OR TOWN (If outside corparate limits, write RURAL and give nearest town) hauld be RURAL and give negrest town! NAME OF HOSP TAL (If not in hospital, give street address) d STREET ADDRESS IS RESIDENCE ON A FARM? H YES THO 3 NAME OF Middle 4. DATE Month Day Year DECEASED 1962 APRIL (Type or print) DEATH 6. COLOR OR RACE 7 MARRIED T NEVER MARRIED 9. AGE (In years lost birthday) IF UNDER 1 YEAR IF UNDER 24 HRS 5. SEX B. DATE OF BIRTH Months Doys Hours WIDOWED IN DIVORCED T 100 USUAL OCCUPATION (Give kind of work done 10b, KIND OF BUSINESS OR INDUSTRY 11, BIRTHPLACE (Stote or foreign country) 12 CITIZEN OF WHAT COUNTRYS during most of working life, even if retired) U.S.A. 13. FATHER'S NAME S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMAN RFD#2 DARLING TON, MA Nδ 18 CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).) INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY Adenocarcinoma of stomach, with metastasis. vear IMMEDIATE CAUSE (o) DUE TO Conditions, if ony, which gave rise to immediate DUE TO cause (a), stating the underlying couse lost. PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101 19, WAS AUTOPSY PERFORMED? Postoperative draining sinus. YES NO NO 200 ACCIDENT WAS UNDERLYING OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED, (Enter nature of injury in Port I or Part II of item 18.) 20c TIME OF INJURY Month. 20e. PLACE OF INJURY [Home, form, 20f. (City or town) Day, Year 20d INJURY OCCURRED [County] (State) foctory, street, office bldg., etc.) Hour o.m. While Not while at work of work p. m. 21. I certify that I attended the deceased from November 13, 1961, to April 23, 1962, that I last saw the deceased , and that death occurred at 6:30A M, from the causes and on the date stated above. ADDRESS (Street, city or town, state) **PATE SIGNED** ACTUAL 115 Fulford Ave. SIGNATURE Bel Air. Md. PAUL S. STONESIFER. PHYSICIAN'S NAME (Type) 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 220 BURIAL CREMATION. 22d. LOCATION (City, town, or county) Harford Broadcreek Friends Co. Maryland 9 EUNERAL DIRECTOR'S SIGNATURE **ADDRESS** 24b REGISTRAR'S SIGNATURE 24g REC'D BY REGISTRAR VS A15 (4) enna . DATE APR 2 7 162 15M 10/57



04611 CERTIFICATE OF DEATH PLACE OF DEATH 2 USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) o. COUNTY b. COUNTY MARYLAND Maryland Harford Harford b. CITY OR TOWN (If outside corporate limits, write c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) RURAL and give negrest town) Bel Air 12 years Air d. NAME OF HOSPITAL (If not in hospital, give street oddress)
OR INSTITUTION d STREET ADDRESS e IS RESIDENCE ON A FARM? Harford County Home, Bel Air YES A NO F NAME OF 4. DATE Middle Loui Day Month Year DECEASED 1962 (Type or print) James Perkins DEATH April 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 18. DATE OF BIRTH 9. AGE (In years lost birthday) 5. SEX IF UNDER 1 YEAR IF UNDER 24 HRS. Months Days DIVORCED T Male White WIDOWED [7] 100. USUAL OCCUPATION (Give kind of work done 10b. KIND OF BUSINESS OR INDUSTRY 11. BIRTHPLACE (Stote or foreign country) 12. CITIZEN OF WHAT COUNTRY? during most of working life, even if retired) Maryland Laborer Farm U.S.A. 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME James Perkins Hannak Green 15. WAS DECEASED EVER IN U. S. ARMED FORCES? 16, SOCIAL SECURITY NO 17 INFORMANT - Address no none Clark Fitzpatrick, Bel Air, Md. 18. CAUSE OF DEATH [Enter only one cause per line for (o), (b), and (c).] INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY:
IMMEDIATE CAUSE (o) Uremia, terminating DUE TO Conditions, if any, which Chronic prostatism 8 mcs gove rise to immediate **DUE TO** couse (a), stating the underlying couse lost. CERTIFICATION PART IL. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? YES NO T 20a. ACCIDENT WAS UNDERLYING ☐ OR CONTRIBUTING ☐ CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20b. DESCRIBE HOW INJURY OCCURRED. (Enter noture of injury in Part I or Part II of item 18.) 20c. TIME OF INJURY Month. 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, form, Day, Year 20f. [City or town] (County) (Stote) foctory, street, office bldg., etc.) Hour a. n. Not while p. m. of work at work 21. I certify that I attended the deceased fram June 30, 19/19, to April 13, 1962, that I last saw the deceased , and that death accurred at 11:15AM, from the causes and an the date stated above. alive on Apri ADDRESS (Street, city or town, state) ACTUAL Forest Hill PHYSICIAN'S NAME (Type) 220. BURIAL, EREMATION. 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d LOCATION (City, fown, or county) (Stole) REMOVAL (Specify) **FUNERAL DIRECTOR'S SIGNATURE** ADDRESS 240, REC'D BY REGISTRAR 24b. REGISTRAR'S SIGNATURE

MARYLAND STATE DEPARTMENT OF HEALTH—BALTIMORE, 18

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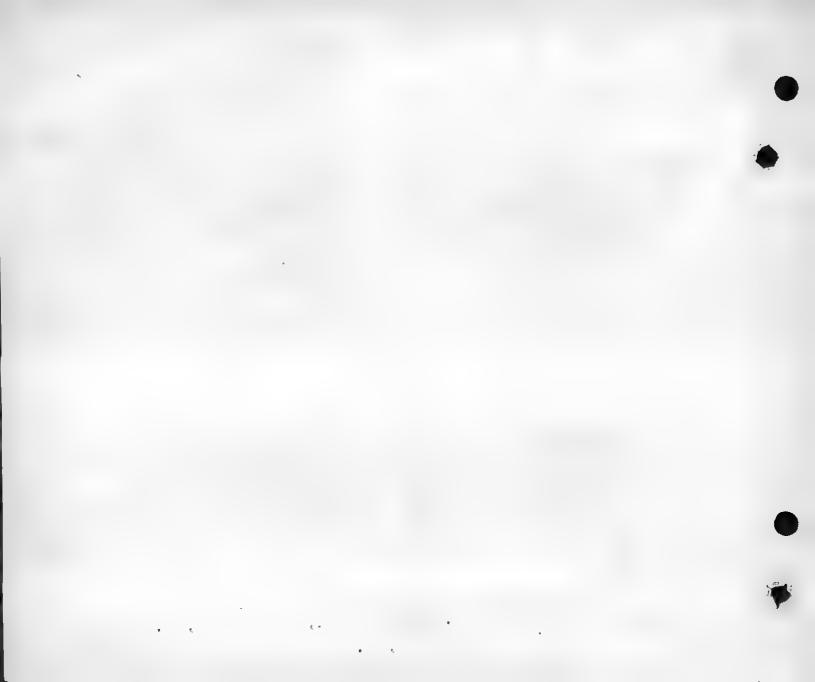
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	M	ARYLAND STATE DE	PARTMENT OF HE		
I DIVI	SION OF STATISTICAL R	ESEARCH AND RECORDS, CERTIFICATI		REET, BALTIMORE 1,	MARYLAND
1. PLACE OF *, COUNTY	DEATH HOPE	2	a. STATE	e deceased lived, if institutions b. COUNTY	Residence before edmission
b, CITY OR	TOWN (if outside corporate limits, IRAL and give neared lown)	c. LENGTH OF STAY IN 16	c. CITY OR TOWN (it outside	corporate limits, write RURAL en	d give neerest town)
71 HANAGO	F HOSPITAL OR INSTITUTION (IF not	in hospital, give street edorss	d. STREET ADDRESS	e-GRAC	8. IS RESIDENCE ON A FARME
NAME OF DECEASE		MIAL HOSPIJAL	basi 4. DA:	REM Month	YES NO Dey Yeer
(Type or prii	MI JARLEN	ARRIED NEVER MARRIED 1218.	ACC-4. DEP	9. AGE (In years IF UNDER)	2 2 19 6.2 1 YEAR IF UNDER 24 HRS
Fe Ma	Le White wie	DOWED DIVORCED	2-10-62 B. BIRTHPLACE [Couply & State	last birthday Months yrs. 12 CII	Days Hours Min.
done during m	ost of working life, even if retired)	none	md.	, or rotalight country)	TELL OF WHITE COUNTRY
S 13. FATHER'S	reelf-ULF	heous.	4. MOTHER'S MAIDEN NAME	Th, Chare	60110
15. WAS DECE. (Yes, no, or unk	ASED EVER A U.S. ARMED FOR ES? kown) (lights give wer or deles of service	16. SOCIAL SECURITY NO. 17. IN	och Runds 7	Hom de Die	en Md.
	SE OF DEATH [Enter only one cause I I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (e)	Broncho - mnces	mouie.		INTERVAL BETWEEN ONSET AND DEATH
49 / 49	/X »	Care stell to	east Discare		C. 2 1
geve rise l	o immediate cause g the underlying DUE TO	Toweren ac 1	ON DIOCRAE		Since Singe
Cause last.		S CONTRIBUTING TO DEATH BUT NOT	RELATED TO THE TERMINAL DISEA	SE CONDITION GIVEN IN PAR	T Ite 19. WAS AUTOPSY PERFORMED?
THE 200. ACC	DENT WAS UNDERLYING [] 20b	. DESCRIBE HOW INJURY OCCURED.	Enter natura of injury in Pert , or P	erf () of item 18.)	YES NO
(IF EITHER,	IBUTING CAUSE OF DEATH NOTIFY MEDICAL EXAMINER) OF INJURY Month, Day, Year (20d. INJURY OCCURRED 20s. PLACE	OF INJURY (Home, farm, 20f.	(City or lown) (Co.	inty) (State)
Hou.	r #im. p.m. 19	While Not While factor	r, street, office bldg., etc.)		
_	rtify that (I) (this hospital) deceased alive on	attended the deceased from	4-22 1962 leath occured at 5 M, 1	to $4 - 2 - 2$, 19 rom the causes and on	
22e. SIGN	hereth D	Shinch Mo	ATTENDING MED. PHYS. DIRECTOR	STAFF PHYS. 44-	22b. DATE 22-62 SIGNE
Z2c. PH'S	ICIAN S E (Type)	77	Land de Kla	ac ma	
23 BURIAL	CREMATION, 236. DATE THEREON	23c. NAME OF CEMETERY OF	CREMATORY 23d.	OCATION (City, town or furt	(Steta)
4) 24 FINEARS	DIRECTOR'S SUNATURE	ADDRESS DAL	25a, REC'D BY RE	GISTRAR 25b. REGISTRAR'S	
Jum	my m	Hame al VI	LA VICE DATE MAY 3	162 Cinchen &	Muss - =



PRESTON STREET, BALTIMORE 1, MARYLAND 2. USUAL RESIDENCE (Where decessed lived, If Institution, Residence before edmission) 1. PLACE OF DEATH a. COUNTY MARYLAND CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) LENGTH OF STAY IN 16 CITY OR TOWN (if outside corporate limits, write RURAL and give nearest-town) o. IS RESIDENCE NAME OF HOSPITAL OR INSTITUTION (if not in hospital, a verstreat address) d. STREET ADDRESS ON A FARM? YES NO X ARFO NAME OF DECEASED DEATH (Type or print) and co 0029. AGE (In years (IF UNDER) YEAR B. DATE OF BIRTH 6. COLOR OR RACE | 7. MARRIED | NEVER MARRIED lest birthday) Months WIDOWED 13 DIVORCED 12. CITIZEN OF WHAT COUNTRY? 10s. USJAL OCCUPATION (Give kind of work 1Db. KIND OF BUSINESS OR INDUSTRY 11 ARTHPLACE (County & State, or fore an country) done during agost of working life, even if retired MOTHER'S MAIDEN NAME 13. FATHER'S NAME 16. SOCIAL SECURITY NO. 17. INFORMANT (Yes, no, or unknwn) (Ifyesgive war or dates of service) Mrs Virginia 18. CAUSE OF DEATH [Enter only one cause per line for (e), (b), end (c).) ONSET AND DEATH PART I DEATH WAS CAUSED BY: erebral Thrombosis IMMEDIATE CAUSE (a) DUE TO Conditions, if eny, which (b) gave rise to immediate cause. DUE TO (e), stating the underlying PART II OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(6) 19. WAS AUTOPSY PERFORMED? NO P 203 ACCIDENT WAS UNDERLYING LIOR CONTRIBUTING LI CAUSE OF DEATH 2Db. DESCRIBE HOW NJURY OCCURED (Enter neture of neury in Pert I or Pert II of tem 18) HE EITHER, NOTIFY MEDICAL EXAMINER WEDICAL 20e PLACE OF INJURY (Home, ferm, (County) (State) 20f, (City or fown) 20c. TIME OF INJURY 20d. INJURY OCCURRED | Month, Dev. Yeer tactory, street, office bldg., etc.) While Not While Hour B.m. at work at work 21 1 certify that (1) (this hospital) attended the deceased from March 22 1963 to APRIL 7 1962 that (1) (we) last M, from the causes and on the date stated above.19 6.2 and that death occured at:7. 226, DATE 220 SIGNATURE ATTENDING SIGNED MED PHYS. DIRECTOR PHYS. 162 22d. ADDRESS 22c PHYS CIAN'S NAME ITYPE 569 Revolution St. Haure de a roce, 14d. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, lown or county) (efet2) 23a BURIAL, CREMATION Marys Catholic. 0 Laurel. Md. ROCKVIlle, Md. 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE 24 FUNERAL APR 1 2 '62 DATE Cirching of Three



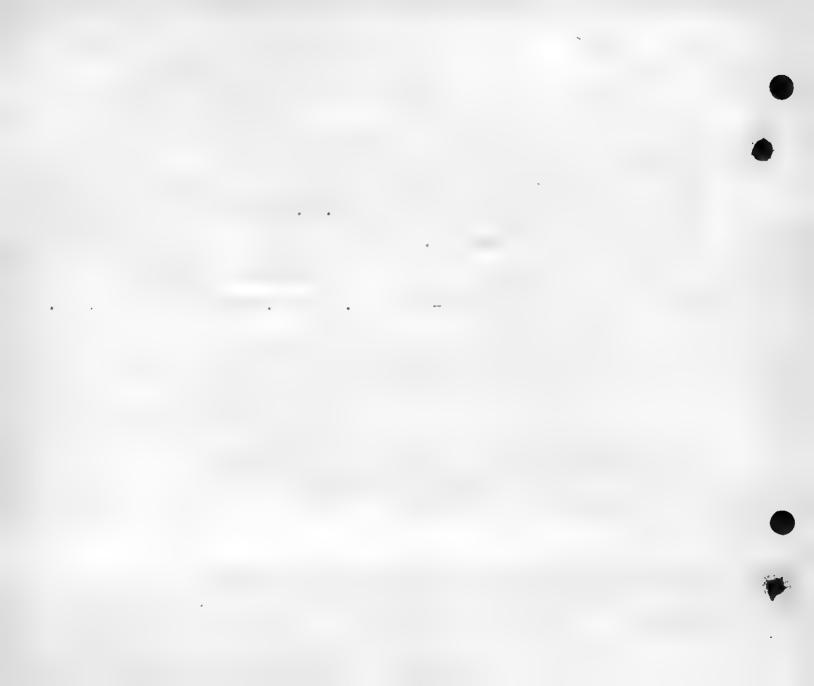
PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF PLACE OF DEATH 2. USUAL RESIDENCE (Whata/deceased lived If inst tution (Residence before admission) e. COUNTY b. COUNTY MARYLAND b. CITY OR TOWN LIF o. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporete ۵ RURAL and give neggest town Pages d. NAME OF HOSPITAL OR INSTITUTION (f not in hospital, give a reet address) . IS RESIDENCE d. STREET ADDRESS ON A FARM? YES A NO 3. NAME O Middle DATE Day DECEASED OF (Type or print) DEATH 5. SEX 6. COLOR OR RACE IF UNDER 24 HRS. B. DATE OF B AGE (In yeers IF UNDER 1 YEAR 7. MARRIED NEVER MARRIED est bighdey] Months WIDOWED DIVORCED JSUAL OCCUPATION (G ve kind of work 12. CITIZEN OF WHAT COUNTRY? ng during most of working life, even if retired) 13. FATHER'S NAME please and in a MOTHER altending 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 18. CAUSE OF DEATH [Enter only one couse INTERVAL BETWEEN ONSET AND DEATH PART I, DEATH WAS CAUSED BY-IMMEDIATE CAUSE (a) DUE TO Conditions, if any, which geve rise to immediate cause DUE TO (e), steting the undarlying PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1101, 19, WAS AUTOPSY PERFORMED? NO F 20e, ACCIDENT WAS UNDERLYING [] , 20b. DESCRIBE HOW INJURY OCCURED, lenter neture of noury in Part I or Pert II of Item 18.] OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20c. T ME OF INJURY 20d, INJURY OCCURRED | 20s, PLACE OF INJURY (Home, farm, 1 20t, (City or town) (County) Month, Day, Yeer (Stata) factory, street, office bldg., atc.) While Not While Hour e.m. at work at work 21. | certify that (1) (this hospital attended the deceased from...... Zthat (I) (we) last and that death occurred at A.M., from the causes and on the date stated above 22b. DATE ATTENDING STAFF DIRECTOR M.D. PHYS. 22d. ADDRESS Havre Grace. Maryland de 23e, BURIAL, CREMATION, | 23b. DATE THEREOF 23c. NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (Steta) HOMOSO, REC'D BY REGISTRAR 256, REGISTRAR'S SIGNATURE VR A15 (4) arthur & Thous



1 3	MARYLAND STATE DEPARTMENT OF HEALTH
FOR OTHER	Division of STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
TUK STATE	104615 MEDICAL EXAMINER'S CERTIFICATE OF DEATH 04613
HEALIN DEPT.	1. PLACE OF DEATH a. COUNTY b. COUNTY b. COUNTY b. COUNTY c. STATE b. COUNTY
Page.	MARYLAND MARYLAND
	b. CITY OR TOWN (if outside corporate limits, write RURAL and give rearest town) write RURAL and give gaagest lown)
2588	Dutlin Doyre. x) when
<u></u>	d. NAME OP HOSPITAT OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS o. 15 RESIDENCE ON A FARM?
State State	3. NAME OF First Middle Last 4. DATE Month Day, Year
h. If any to the contract the Siter decided	OF DECEASED (Type or print) Roy S. Toster DEATH ADY 1 6. 1962
두 문 본 본 별	5. SEX 6. COLOR OR RACE 7. MARRIED 8 DATE OF BIRTH 19. AGE IN YEAR IF UNDER 1 YEAR IF UNDER 24 HRS.
e T o ≥ v	Jast birthday) Months Days Hours Min.
10 m	10a. USUAL OCCUPATION (Give kind of work 10b, KIND OF BUSINESS OR INDUSTRY) 11. BIRTHPLACE (State or foreign country)
s 1, sale sage 1 and 1 a	done during most of working life, even if retired) LARPENTER U.S.A.
24 hours e Pages M3. Pages pages 1 within 7	13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME
U 65 € ×	DAVID E. TOSTEN PRISCILLA LONG
	15. WAS DECEASED EYER IN U.S. ARMED FORCES? 16 SOCIAL SECURITY NO. 17. INFORMANT
~ ~ E \ - /	(Yas, no prunkown) (Ifyasgivewarordatasofservice) 212-18-8496 MRS. ROY S. TOSTEN, DARLINGTON, MD.
	18. CAUSE OF DEATH [Enter only one cause par line for (a) (b), and (c).]
	PART I. DEATH WAS CAUSED BY: A Theres shere the disease ONSET AND DEATH
<u> </u>	DUE TO
should be gow in per s Office a burial-i	Conditions, if any, which (b)
2 D v 4 g	gave rise to immediate cause (e), sleting the underlying DUE TO
"pending "pending xaminer's used as a ion, or re	causo last. (c)
- FE X 문유	PART I OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8), 19. WAS AUTOPSY PERFORMED?
d d d	YES NO T
	PART 1 OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1,8), 19. WAS AUTOPSY PERFORMED? PERFORMED? 20s EXTERNAL CAUSE WAS PRIMARY or CONTRIBUTING CAUSE OF DEATH.
writing writing Chief age 3	20c. TIME OF INJURY Month, Day, Year 20d. INJURY OCCURRED 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (State) Hour e.m. While Not While State of
To the Control of the	VIII 17 L3 L3
and a G	21. I certify that I took charge of the remains described above, held an Autopsy I Inspection Inquiry I, and in my opinion
B certify anded RECT	death resulted from: Natural causes N. Accident . Suicide . Homicide . Undetermined manner
A DING	ACTUAL DO A OUT C HOLLING CHIEF MEDICAL EXAM, NER [12 0 50 pm
Y MED secure the be forwar RAL DIR	SIGNATURE AD ASSISTANT MEDICAL EXAMINER DATE SIGNED
A SERVICE AND A	EXAMINER'S GEYSIS C FO MC - MD Address (Streat, city, town, or county)
DES shou FUT	220. BURIAL, CREMATION, 22b. DATE THEREOF 22c. NAME OF CEMETERY OR CREMATORY 22d. LOCATION (City, lown, or country) (Siets)
0 4 4 0 p	BURIAL APR. 9,1962 SOUTHERN DUBLIN, MD.
VS. A15ME	248. REC'D BY REGISTRAR'S SIGNATURE ADDRESS 248. REC'D BY REGISTRAR'S SIGNATURE APR 1 0 '62 Ca' and 8 Thomas
5M 9,60	John H. Harling, Detter, Panna. DATE APR 1 C'62 Carrent . Phone
Ph. J	



1 10	MARYLAND STATE DEPARTMENT OF HEALTH
1	DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND
1 TO 11	04616 CERTIFICATE OF DEATH 04614
at a se	1. PLACE OF DEATH (2. USUAL RESIDENCE (Wheel decessed lived, Il institution, Residence before edit spion)
647	MARYLAND STATE Md b. COUNTY Harford
by dead dead	b. CITY OR TOWN (I dust be corporate limits, write RURAL and give decrest town)
6 = 5	Havre do Straig 19 deep X While Hall
	NAME OF HOSPITATION (If not in hospitel, give alreal address) d STREET ADDRESS e. IS RESIDENCE ON A FARM?
- ñ	3. NAME OF Models Addle Last 4 DATE - Month Day Year
executed completen n pap	DECEASED OF
V 0	Lann Hesley House Train 10 1762
- F # .	lest Windey Months Deys Hours 1 Min.
	198. JSUAL OCCUPATION (Give hard playork 10b, KIND OF BUSINESS OR INDUSTRY, 11, 8 RTHPLACE (County & State, of love on country) 12, CITIZEN OF WHAT COUNTRY?
certificate physician a remove c any event	Driver Lette Milk Co. Milk Co.
14 M	13. FATHER'S MAIDEN NAME TING TO THE TOTAL
altending p	Howard house
at a	15. WAS DECEASED EVER IN U.S. ARMED FORCES?, 16 SOCIAL SECURITY NO. 17. INFORMANT Address (Yes, no, or unknown) (Ifyes give war or dates of service)
that the n. the atte	No 217-03-2353 Mrs. Edna R. TRoyer White Hall, Md.
ires licial by serm or r	18 CAUSE OF DEATH [Enter only one cause per I of for (a), (b), and (c)] PART I, DEATH WAS CAUSED BY:
phys phys grit p ion,	IMMEDIATE CAUSE (6) Stellare Livrus -
aw ring in sign sign sign	Conditions, if any, which to Chalandia filter
he I fend bee urial	gave rise to immediate cause (a), stating the underlying DUE TO
r se has a se has be	cause lest. (c)
ILAN ital of ital as the to to to to	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED?
SIC nosp use rior	YES NO
he had for the p	PART II. OTHER SIGNIF CANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL D SEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPY PERFORMED? YES NO OR CONTRIBUTING 1 CAUSE OF DEATH OR CONTRIBUTING 1 CAUSE OF DEATH OR (IF EITHER, NOTICE MEDICAL EXAMINER)
by Heal	
Afficial of of	2Dc. TIME OF INJURY Month, Dey, Yeer 20d INJURY OCCURRED 2De PLACE OF INJURY (Home, farm 2DI (City or Iown) (County) (State) Hour a.m. While Not While et work at work at work at work at work at work.
Par	21. 1 certify that (I) (this hospital) attended the deceased from 3/27, 1967 to 4/10, 1907 that (I) (we) last
	saw the deceased alive on 1.0 th. 196.7 and that death occurred att. W. from the causes and on the date stated/above.
may may DIR S shy	220. SIGNATURE 22% DATE SIGNED
AL AL	22c. PHYSICIANS DIRECTOR PHYS. DIREC
W. W.	NAME (Type) Edward C. Loo, M.D. Harro de Grace Jud.
HOS ath FUL ector filed	236 BURIAL CREMATION 236 DATE THEREOF 23c, NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (5'ele)
5 g C g g	Burial 4/13/1962 Wesley Chapel Monkton Maryland
VR A15 (4)	24 FUNERA. DIRECTOR'S SIGNATURE ADDRESS 25a. REGISTRAR'S SIGNATURE
15M 7 61	Charles & Furty farrettorelle, and. DATE APR 13'62 Coller S. thomas
41	



DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W. PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH 1. PLACE OF DEATH 2. USUAL RESIDENCE (Where deceased lived, If institution: Residence bafore admission) Harier b. COUNTY illinois MARYLAND and b. CITY OR TOWN lif outside corporate limits. c. LENGTH OF STAY IN 16 c. CITY OR TOWN (If outside corporate limits, write RURAL and give nearest town) by write RURAL and give neerest town) Aberdeen Proving Ground Fort Sheridan .57 . IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (If not in hospital, give street address) US Army Hespital d. STREET ADDRESS ON A FARM? YES NO 51 Nicholson Read 3. NAME OF First 4. DATE Middle Month Day YARI DECEASED DEATH (Typa or print) MITTBURN NEAT 1962 April 5. SEX 6. COLOR OR RACE 7. MARRIED NEVER MARRIED 8. DATE OF BIRTH AGE (In years | IF UNDER I YEAR IF UNDER 24 HRS. last birthday) Months Dave Hours 26 October 1913 Male WIDOWED DIVORCED Gaucasian 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY | 11, BIRTHPLACE (County & State, or foreign country) dona during most of working life, even if retired SAN ANTONIO, TEXAS Warrant Officer USA attending phys Then please ren val, and in any US Army 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Ewell Wealkey Minnie Neal 15. WAS DECEASED EVER IN U.S. ARMED FORCES? | 16. SOCIAL SECURITY NO. | 17. INFORMANT Then Address removal, (Yas, no. or unkown) ((If yes giva war or dates of service) WWII & Kerea 460el2el322 Emma Weakley (Wife) Same as Item 2 above r attending physician. has been signed by the burial-transit permit 45 INTERVAL BETWEEN ONSET AND DEATH 18. CAUSE OF DEATH [Enter only one causa per line for (a), (b), and (c).] PART I. DEATH WAS CAUSED BY: 10 Min. Ventricular fibrillation IMMEDIATE CAUSE (a) DUE TO Myocardial Infarction Conditions, if any, which gava rise to immediata cause DUE TO (a), stating the underlying Arterioscleretic Heart Disease hospital or a certificate ha r use as the prior to buris PART H. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(a) 19. WAS AUTOPSY PERFORMED? YES NO 20a, ACCIDENT WAS UNDERLYING 20b. DESCRIBE HOW INJURY OCCURED, (Enter nature of injury in Part I or Part II of item 18.) OR CONTRIBUTING [] CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) 20d. INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20c. TIME OF INJURY Month, Day, Year 20f. (City or town) (County) (State) factory, street, office bldg., etc.) While Not While Hour a.m. at work al work 21. I certify that (I) (this hospital) attended the deceased from . 6. April to...17...April...., 19...62that (I) (we) last saw the deceased alive on 17 April 22b. DATE 22a. SIGNATURE 17 April 1962 IGNED ATTENDING PHYS. assuit PHYS. DIRECTOR US Army Hospital, Aberdeen 22d. ADDRESS 22c. PHYSICIAN'S CASIMIR A GORCZYCA Proving Ground, Maryland or. 23c NAME OF CEMETERY OR CREMATORY 23d. LOCATION (City, town or county) (State) 236. DATE THEREOF REMOVAL (Specify 节岛 0 258. REC'D BY REGISTRAR 256. REGISTRAR'S SIGNATURE VR A15 [4] 15M 9/60

MARYLAND STATE DEPARTMENT OF HEALTH

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DIVISION OF STATISTICAL RESEARCH AND RECORDS, 301 W, PRESTON STREET, BALTIMORE 1, MARYLAND CERTIFICATE OF DEATH . PLACE OF DEATH 2. USUAL RESIDENCE (Where daceased lived, If institution, Residence before admission) a. COUNTY b. COUNTY Harford Harford Marvland in by fne i and 2 ler death. MARYLAND c. CITY OR TOWN (If outside corporete limits, write RURAL end give neerest town) b. CITY OR TOWN (if outside corporate limits. c. LENGTH OF STAY IN 16 write RURAL and give nearast town) Aberdeen Aberdeen e. IS RESIDENCE d. NAME OF HOSPITAL OR INSTITUTION (if not in hospital, give street eddress) d. STREET ADDRESS ON A FARM Philadelphia Blvd. Philadelphia Mas NO X 3. NAME OF Middle DATE Month Yeer Lost DECEASED OF April 62 MONROF DEATH (Type or print) ROBERT WHITE 19 6. COLOR OR RACE 7. MARRIED K KNEVER MARRIED IF UNDER 24 HRS. 5. SEX 8. DATE OF BIRTH 9. AGE (In yours 1 IF UNDER 1 YEAR last birthday) Months Devs Hours Male WIDOWED DIVORCED physician 10a. USUAL OCCUPATION (Give kind of work 12. CITIZEN OF WHAT COUNTRY? 10b. KIND OF BUSINESS OR INDUSTRY BIRTHPLACE (County & State, or foreign country) Coal Miner, (Ret.) Coal Mines USA. Virginia attending pt 13. FATHER'S NAME 14. MOTHER'S MAIDEN NAME Calip White Unknown Address Aberdean, Md. 15. WAS DECEASED EVER IN U.S. ARMED FORCES? 16. SOCIAL SECURITY NO. 17. INFORMANT Then (Yes, no, or unkown) | (Ifyesgivewarordatesofservica) гещоуа Phila. Blvd. ng physician. No White. John 18. CAUSE OF DEATH [Enter only one cause per line INTERVAL BETWEEN ONSET AND DEATH PART I. DEATH WAS CAUSED BY and IMMEDIATE CAUSE (#) burial-transit Conditions, if any, which been geve rise to immediate cause DUE TO (a), stating the undarlying certificate has cause lest. He e PART II, OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH BUT NOT RELATED TO THE TERMINAL DISEASE CONDITION GIVEN IN PART 1(0) 19. WAS AUTOPSY PERFORMED? 0 NO F 20b. DESCRIBE HOW INJURY OCCURED, (Enter neture of injury in Pert I or Pert II of item 18.) 20a. ACCIDENT WAS UNDERLYING [OR CONTRIBUTING CAUSE OF DEATH (IF EITHER, NOTIFY MEDICAL EXAMINER) Pop 20c. TIME OF INJURY Month, Day, Year 20d, INJURY OCCURRED | 20e. PLACE OF INJURY (Home, farm, 20f. (City or lown) (County) (State) factory, street, office bldg., etc.) While Not While Hour e.m. at work et work D.M. and that death occured 5.2.1.54, From the causes and on the date stated above. saw the deceased alive on... 22b. DATE 22a. SIGNATURE ATTENDING MED. STAFF SIGNED PHYS. DIRECTOR 22d. ADDRESS 22c. PHYSICIAN AME [Type] M.D. Ralph Horky Churchville. Maryland filed v FUlte 23c. NAME OF CEMETERY OR CREMATORY (Stete) 23a. BURIAL, CREMATION, 23b. DATE THEREOF 23d. LOCATION (City, town or county) REMOVAL (Specify) の寺園 Smith Cemeterv Ridge, Virginia Removal DIRECTOR'S SIGNATURE Tarring Muheral Home 25a. REC'D BY REGISTRAR 25b. REGISTRAR'S SIGNATURE VR A15 (4) Clather S. Thous 15M 9/60 Aberdeen. Md. DATE APR 9 162

executed

law requires that the death certificate

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MARYLAND STATE DEPARTMENT OF HEALTH

